

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

SEP 10 2007

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.
- the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

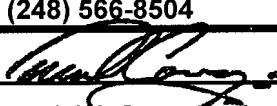
Applicant's Request

CORRESPONDENCE ADDRESS

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to :

The address associated with Customer Number

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Michael A. Lisi			
Address		Honigman Miller Schwartz and Cohn, LLP			
Address		38500 Woodward Avenue, Suite 100			
City		Bloomfield Hills	State	MI	Zip Code
Country		US			
Telephone		(248) 566-8504	Email		
Signature					
Name		Frank W. Compagni	Registration No.	40,567	
Date		September 7, 2007	Telephone No.	(801) 478-0071	

Note: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.